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Cindy Patton and Helen Loshny

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ENDNOTES

1. The following are examples of studies that challenge the finding that women with cardiovascular disease are treated less aggressively: Blum, Slade, Boden, Cabin, and Caulin-Giaser (2004); Roger et al. (2000).

2. The number of women in the sample who reported various physician actions (including new diagnoses) as a result of a DTCA-related visit was insufficient to perform analyses on subgroups of women by education, income, and race or ethnicity.

3. Cardiovascular disease includes diagnoses of heart disease, hypertension, high cholesterol, stroke, vascular condition/clogged artery, and irregular heart beat.

4. Psychiatric disorder diagnoses include diagnoses of depression, anxiety, or "other mental health condition."

CHAPTER 4

COMPLEXITY AND CANCER:

THE MULTIPLE TEMPORALITIES
AND SPACES OF CANCER
IN RICHARD POWERS’ GAIN

Lisa Diedrich

In their introduction to the volume Complexities, John Law and Annemarie Mol (2002) noted at the outset that, "much recent work in the sociology of science, history of technology, anthropology of medicine, feminism, and political philosophy has been a revolt against simplification" (p. 1). This "revolt against simplification" has meant that all of these interrelated and interdisciplinary fields have sought to demonstrate the complexity in the objects they study. For Law and Mol, attending to complexity means one is concerned about the way "things relate but don’t add up," and their work seeks to discern but not order through simplification the chaos that
Illness is both an individual experience and a sociopolitical event; it is enacted over time and across spaces, from the inside out and the outside in. As Kelly Oliver (2001) has argued, the word “witnessing” has a double meaning: we witness what we have seen and what cannot be seen. Witnessing is a historicopolitical and spiritual act. To witness is to engage in the presentation of historical evidence, to work for social justice, and to attempt to account for suffering and loss.

**Novels and the Complexity of Cancer**

I want to begin by considering the form Powers has chosen for telling this story of complexity and cancer, and suggesting that writing itself and, in particular, the writing of novels, is, for Powers, another practice of witnessing. Unlike Arundhati Roy (1999), who has written that “[i]nstead of me to set aside” literature in order to read “reports on drainage and irrigation” and to write political essays in support of the grassroots environmental-justice movement against the construction of Big Dams in India, Powers rather famously set aside science to write literature (p. 9). On a very general level then, I am interested both in how people ascertain what narrative form they need to use, and in the dynamics of turning from one form to another. Roy begins by writing a novel, but discovers that this particular form cannot do what she thinks she needs it to do in the face of Big Dams and nuclear nationalism. For Powers, the movement is in the opposite direction, from scientific to literary narrative. Why does this matter? Or, more to the point, what does this turning from one form to another materialize, what does it bring into being in language?

In a recent essay in the *New York Times Book Review*, Rachel Donadio (2005) discussed Naipaul’s claim in an interview in the same issue that “nonfiction is better suited than fiction to capturing the complexities of today’s world” (p. 27). Donadio interviewed editors and others involved in book and magazine publishing, all of whom agree with Naipaul that, in the contemporary moment, fiction does not seem to have much “cultural currency” (p. 27). Donadio ends her essay by noting that
[To date, no work of fiction has perfectly captured our historical moment the way certain novels captured the Gilded Age, or the Weimar Republic, or the cold war. Then again, it’s still early. Nonfiction can keep up with the instant messenger culture; fiction takes its own sweet time. Even Tolstoy wrote War and Peace years after the Napoleonic Wars. Today the most compelling creative energies seem directed at nonfiction. That is, until the next great novelist comes along to prove the naysayers wrong. Time, as Elizabeth Bishop once wrote, is nothing if not amenable. (p. 27)

In her essay, Donadio argued that writing novels requires a temporal distance to events in the “real” world more than writing nonfiction does. However, she neglected a second feature of the novel that undermines her position: how its form is able to bring into being a different temporality, one that allows the reader a unique relationship to events in the “real” world. It is this uniqueness that I believe Powers is trying to bring about in his turn from the practice of science to the practice of writing novels.

In 2001, in an interview in The Minnesota Review, Jeffrey Williams asked Powers: “what made you turn from science to literature?” Powers responded by explaining that as a child he “took huge amounts of pleasure in being able to solve problems in very different intellectual disciplines,” and that he thought he would become “one sort of scientist or another.” He grew frustrated, however, with the increasing specialization in the sciences. Later, doing a master’s degree in literature, he also became frustrated with the increasing specialization in literary criticism. He told Williams that he “wanted to arrive somewhere where [he] could be the last generalist and do that in good faith.” It was only through writing novels that Powers thought he could “preserve that sense of multiplicity, of generalism.”

I want to consider, therefore, how a novel about cancer (or at least Richard Powers’ novel about cancer), rather than other forms of writing about cancer, including medical case histories, scientific studies, and even first-person illness narratives, might be particularly suited to reveal the complexity of cancer, and even inspire or invent new approaches to understanding the relationship between health and human rights. Powers’ turning from science to literature is not, in the end, a turning away from science. He turns from the practice of doing science to the practice of literature and then turns his literature to science in the hopes of preserving a sense of multiplicity and generality, not simply for literature, but for science too. This is a question of method as much as form. It is not simply that literature can help us understand how science is done because it presents “real” portraits of science and scientists. Rather, what interests me is the possibility that literature might provide a new approach to doing science. The fact that this notion seems somewhat absurd indicates the current asymmetrical relation between the practices of science and literature with regards to method; surely literature has nothing to contribute to the hallowed scientific method. However, this is precisely what Susan Squier (2004) argued in her recent book, Liminal Lives. Squier approached “both literature and science as technologies” that have the potential to bring new objects into being (p. 3). She called for an interdisciplinary methodology that would put literature and science in conversation. “Because of its particular epistemological positioning between knowledge and unawareness,” Squier believes, “literature is able to hold open a zone of exploration that other mediations (political, social, scientific, and economic) foreclose. Literature thus offers an alternative to the expert discourse that...has become socially and epistemologically dominant” (p. 22).

Health and the Emergency of the Long Term

In “Toward an Ethics of the Future,” Jérôme Bindé (2000), director of the Analysis and Forecasting Office of UNESCO, discussed the relationship modern societies have to time. According to Bindé (2000), “modern societies suffer from a distorted relationship to time” because they are preoccupied with the present (p. 51). To correct this preoccupation, Bindé believes we must shift our attention from that which might bring gains in the immediate term towards an ethic that attempts to take account of the future. Bindé is concerned then with the temporality of human rights,
or more precisely, with how we exercise human rights temporally. Bindé reminded us that

our relation to time has enormous economic, social, political, and ecological consequences. All over the world, the citizens of today are claiming rights over citizens of tomorrow, threatening their well-being and at times their lives, and we are beginning to realize that we are jeopardizing the exercise by future generations of their human rights. (p. 51)

The failure to take account of the human rights of future generations often gets rationalized by the citizens of today, through what Bindé (2000) called a “logic of emergency,” which shuts down our capacity to think beyond our present moment (p. 52). He is aware that one way in which a logic of emergency in the present threatens the human rights of countless future generations is with policies that favor short-term economic development over and against those that support long-term environmental sustainability. What we need to counter this logic of emergency, Bindé (2000) maintained, is a “new paradoxic form of emergency, the emergency of the long term” (p. 56). This requires us to recognize our responsibilities not just to those closest to us in time and space, but to others, across space and time (Bindé, 2000, p. 59). Bindé’s project is to rehabilitate the long term. I contend that Richard Powers has a similar project in Gain.

The story that Gain tells is a long one. It begins in the town of Lacewood in the last decade before the turn of the millennium. Despite its somewhat unremarkable position in middle America, from the outset, we learn that present-day Lacewood is connected via a long history to countless other events in the past, small and great, and to countless other places across the globe, near and far:

Lacewood’s trace began everywhere: London, Boston, Fiji, Disappointment Bay. But everywhere’s trail ended in this town, where folks made things. Some mornings, when the sun shone, history vanished. The long road of arrival disappeared, lost in the journey still in store. (Powers, 1998, p. 3)

How can we make this vanished history reappear? How can we locate traces that begin everywhere? And how does this vanished history and the traces that connect us to it relate to our current situation, and to the health of individuals and entire communities in the present and future? Powers’ ambition in Gain is to make the long road of arrival reappear in narrative, in order to reveal the connection between it and the journey still in store. By rehabilitating the long term in narrative, Powers, like Bindé, suggested that a new concept of time will bring into being “a new method of solving problems—namely, anticipation” (Bindé, 2000, pp. 55–56).

On the one hand, then, Gain is a historical novel, and the histories it presents are multiple and complex; on the other hand, and relatedly, it is a novel that hopes to anticipate a different future. Gain is the history of a town, Lacewood; the history of a corporation, Clare; the histories of two families, the Clares and the Bodeys; and the history of an individual with ovarian cancer, Laura Bodey. Woven into and across these multiple histories—of town, company, families, and individuals—are two other histories that I think of as intertwined metahistories: the history of capitalism and the history of cancer. What is the relationship between all of these histories? How might making their interrelatedness visible help us anticipate a future different from the present? Although his story is multilayered, Powers (1998) also suggested ways to unweave, at least in narrative, the strands that constitute the history of the present. “There must have been a time when Lacewood did not mean Clare, Incorporated,” he wrote (p. 4). “But no one remembered it. No one alive was old enough to recall. The two names always came joined in the same breath” (p. 4). To unjoin the two names, Powers began his story long before this joining of Clare to Lacewood, indeed, long before Clare incorporated in order to show that this story—this present story of one woman’s ovarian cancer—was never inevitable.

**Modes of Ordering Ovarian-Cancer Causation**

In *Organizing Modernity*, John Law (1994) offered what he calls a “modest sociology” that starts from the premise that “the social, all the social world,
is complex and messy" (p. 5). Law is not interested in delineating the or even a modern social order, but in exploring modes, or practices of ordering in modernity. He wanted to investigate "ordering" as verb, not "order" as noun (p. 5). Human subjects are not the only agents who do the ordering, however. Law attempted to articulate a "relational materialism" that takes account of both human actors, and nonhuman and material actors. For Law, discourses and technologies "form a crucial part of any ordering" (p. 24).

I want to think about two different, though not unrelated, modes of ordering ovarian-cancer causation as presented in Gain: the genetic and the environmental, or a mode of ordering cancer causation from the inside out and a mode of ordering cancer causation from the outside in. In their essay, "The Health of Black Folk: Disease, Class, and Ideology in Science," originally published in 1986, Nancy Krieger and Mary Bassett (1993) also discussed what they call genetic and environmental models that help to explain the scientific "fact" that "black Americans are sicker and die younger than whites" (p. 161). They contended that neither the genetic nor environmental models, when utilized by either conservatives or liberals, can account for the effects of oppression on the health of African Americans. Krieger and Bassett argued that a Marxist and antiracist model of disease causation offers more effective strategies for improving the health of African Americans (pp. 168–169). Their analysis is an important early critique of the neoliberalization of health care policy. My own analysis diverges from theirs in that my understanding of the environmental model as presented in Gain is influenced by the rhetoric and practices of environmental-justice activism, which problematizes the economic disparities that capitalism creates, and uncovers the effects of these disparities on the health of particular communities.

In presenting their Marxist and antiracist counter-model, Krieger and Bassett (1993) are critical of a liberal view that "fetishizes the environment" (p. 165). In this view

individuals are harmed by inanimate objects, physical forces, or unfortunate social conditions (like poverty)—by things rather than by people. That these objects or social circumstances are creations of society is hidden by the veil of "natural science." Consequently,

the "environment" is viewed as a natural and neutral category, defined as all that is external to individuals. What is not seen is the ways in which the underlying structure of racial oppression and class exploitation—which are relationships among people, not between people and things—shape the "environments" of the groups created by these relations. (pp. 165–166)

Although I agree with Krieger and Bassett's insistence on the need to understand and transform the underlying structures of oppression in order to improve health outcomes, I do not believe that such an analysis can proceed without accounting for people and things, and the relation between people and things. In the next section I will focus predominately on the human actors—doctors, patients, and their loved ones—doing the ordering of ovarian cancer. However, as the section following will show, there are also nonhuman actors contributing to this ordering, including various discourses and technologies. In this case, there is the soap factory, its techniques of soap manufacture, and its organizational structure, as well as the Clare Corporation's many products and the way these products are packaged and marketed. These discourses and technologies are capitalist, of course, and they are articulated by, and benefit, particular people within the capitalist system, but they are not simply experienced as a relationship between people. In my understanding of complexity and cancer, things matter; indeed, they shape the way an individual experiences the world.

**Asking the Causal Question**

After surgery to remove her ovaries, Laura Bodey, a lifelong resident of Lacewood, tentatively asks her doctor about the cause of her cancer, a question she will reformulate several times over the course of the novel. She has difficulty finding the words. Indeed, even broaching the question seems to separate her questioning self from the self who has cancer:

Laura hears herself speak, from inside a shortwave radio set. "What is the cause?" She cannot say of ovarian cancer. She cannot say of this. "Is it genetic?"
She just wants to know how much of this is her fault. Whether she should have done something. Might still do something. Whether she would have had to go through this even if she lived better. Whether Ellen. (Powers, 1998, p. 76)

Laura’s initial inquiry into the cause of her ovarian cancer connects her illness to both the past and future: Is it genetic? Can it be traced to past generations of her family? Is her daughter Ellen at increased risk for this disease in the future because of Ellen’s genetic connection to her? Laura wants to know the temporality of her illness, and, perhaps unsurprisingly, her first queries about the temporality of ovarian cancer move from the inside out: from her body to its immediate relations in the past, present, and future.

Dr. Jenkins, the surgeon, answers her question by admitting the question cannot be answered definitively: “‘Sometimes.’ The doctor frowns. ‘Nobody really knows for certain’” (Powers, 1998, p. 76). Laura’s ex-husband Don is exasperated by this answer that suggests both unknowingness and multiplicity. He wants definitive answers, and he wants them now: “Which is it? Sometimes, or Nobody knows?” (Powers, 1998, p. 76). Don wants the world and Laura’s ovarian cancer properly ordered. He wants and expects the doctor to be able to simplify Laura’s cancer; he does not want the doctor to make it complex, or worse still, not to know how to order it for him (and for Laura, though what becomes apparent in the novel is that what Laura wants and needs is not always what Don thinks she should want or need). Unlike Don, Laura wants to ask other questions about what we do not know about ovarian cancer: How could she have had this dreaded disease without knowing? How long does she have to live? These other questions are also about the time of her cancer: When did it begin and when will it end—or, in literary terms, what is its narrative arc? However, Laura does not ask these questions about the time of her cancer because “the words [“How long do I have to live?”] seem rude” within the institutional spaces of medicine, and she doesn’t want to “embarrass the physician that way” (Powers, 1998, p. 76). Laura seems to recognize intuitively that medicine does not have answers to the question of the time of illness, and to even ask such questions of medicine is an affront to what medicine is and what it can do.

When Laura later discusses chemotherapeutic treatments with her oncologist, she asks again about cause at the end of the interview, when the specialist asks her, “‘Is there anything else we can help you with?”’ (Powers, 1998, p. 99). Again, she is uncertain how to formulate the question, or even if she wants to formulate it. She asks, “‘What causes... why do I have this?”’ (p. 99). Her oncologist responds by reassuring her that her question is completely “natural,” though at the same time unanswerable:

“No, that’s a very natural question. Almost everyone who comes into this office wants to know the answer to that one.” He grins, indulging her understandable human frailty. “I wish I knew the answer. Ovarian cancer does follow at least three distinct hereditary patterns.”

“No one I’m related to has ever been near it.” (Powers, 1998, p. 99)

Laura’s response is somewhat odd as she connects the hereditary with the spatial and environmental: no one she is related to has been near it, suggesting that the notion of proximity presented here combines the genetic and the spatial. In Laura’s speculative mode of ordering her own ovarian cancer, nearness to someone genetically also suggests spatial or environmental nearness. The oncologist responds to Laura’s distancing of her own situation from the hereditary mode of ordering by shrugging again. According to Powers, the specialist’s shrugging “gesture falls on his shoulders like a favorite windbreaker,” as he admits, “There’s also some evidence that provoking agents, either combined with or inducing an alteration in the immune system...” (Powers, 1998, p. 99). Laura is unable to pay attention to the rest of his evasive nonanswer masquerading as an answer. Powers ends this sentence with an ellipsis suggesting that in this scene the two cannot communicate across the “phrase regimens” that separate them, and signaling, in the terminology of Jean-François Lyotard, a différend that opens up between Laura’s question about cause and the doctor’s answer. The “natural” question can only be answered
if the cause can be attributed to “nature,” that is, nature in the sense of “distinct hereditary patterns.” Beyond that, the evidence is sketchy, and therefore offered only as a shrugging gesture meant to deflect further questions. Laura Bodey does not yet know the questions she needs to ask, and the doctor does not want or know how to anticipate them.

During her 6 months of chemotherapy, the treatment, more than the disease itself, transforms Laura’s world, again from the inside out. Her body becomes her whole world, not through her increased knowledge of it, but paradoxically, from her surprising lack of knowledge of it. The narrator explained how:

No one really knows their real body. Hers has turned electric, buzzed, frizzy. Her internal organs go some horrid shade of Naugahyde. No one knows what food really smells like. Well-being is nothing but an imposter, a beautiful girl who turns into a hag at neap tide when the spell breaks and reason at last sees through her (Powers, 1998, p. 114).

Laura’s life is reduced to the internal spaces of her body and the temporality of cancer treatments: “A day dripped out in microseconds outlasts the idea of time” (Powers, 1998, p. 113). A body undergoing such treatments does not remember how it once felt before the treatments, nor does it anticipate feeling, in the future, other than how it feels now. Memory and anticipation—projection of time into the past and future—are lost to Laura and her transformed body as “the calendar shrinks to its barest rituals” (Powers, p. 19), recalling Binde’s “logic of emergency” at the level of the individual body.

Recovering from her treatments, Laura Bodey’s world begins to widen beyond the spaces of her own body when her daughter Ellen shows her an article from the local newspaper: “EPA LIsts LOCAL EMISSIONS, Annual Toxic Release Inventory Details Area’s Plants” (Powers, 1998, p. 139). Laura peruses the article, but cannot connect the newspaper story to her particular situation. “Here,” Ellen says. “Right here” (p. 139). In this gesture, which is a counter-gesture to the oncologist’s earlier shrugging off of Laura’s questions, Ellen tries to focus her mother’s attention outside of herself, to the newspaper story, and the possibility of a relationship between her cancer and her environment. Ellen’s “Here. Right here” brings the story about the toxic emissions into their town and home in an attempt to make her mother consider the question about the relationship of these toxins to her cancer. Ellen’s gesture also emphasizes that in fact the toxins may already be here, now, and that they may have been here for some time. The article ranks Illinois counties by toxic discharge. “Lacewood, Sawgul, Vermilion, Champaign, Iroquois. Area’s top carcinogenic chemical environs. Benzene, formaldehyde, dichlorodifluormethane, epichlorohydrin…” (Powers, p. 139). Laura, who has worried that, genetically, she may be the cause of her daughter’s future cancer, is offered an alternative mode of ordering the cause of her cancer by her daughter: not caused from the inside out “naturally,” but rather from the outside in, “unnaturally.” Laura is still not ready to hear this possibility, and in an attempt to comfort her daughter, repeats the two phrases that contain her doctor’s deferral of questions of cause and responsibility—“they don’t know what causes ovarian” and “probably genetic” (Powers, p. 139)—though, of course, neither phrase is much comfort to Ellen.

Only when an outsider comes into Laura Bodey’s home and relates Bodey’s experience of cancer to the experience of others in the community does the possibility that something in the environment has caused her cancer begin to sink in. Laura invites her visitor, a black woman named Janine, into her home, and immediately the stranger recognizes how Laura is suffering. It is unclear whether Janine is a Jehovah’s Witness or a cancer activist engaged in a house-by-house mapping project of her community, but she is clearly meant to suggest both the spiritual and the political aspects of witnessing.

“You skin getting thin? Hurt to touch? You bruise easily? All your hair scam at once? Ringing in your ears?”

Laura nods. It feels good. This stranger has asked her more questions in three minutes than her doctor has in three months. (Powers, 1998, pp. 188-189)

Janine’s questions are not asked simply to elicit information, they are asked as a practice of witnessing to another person’s suffering. Laura
learns that Janine’s husband died of cancer, and that he worked at Clare, and that Janine believes working at Clare caused his cancer. When Laura expresses surprise at Janine’s certainty about cause and effect, Janine responds,

“You gotta start reading the papers, honey.”
“I know. I do. I mean my daughter showed me…”

The cup wavers at Janine’s lips. “That EPA story? That’s old news. Where was the EPA twenty years ago? Thirty years ago? No. Everybody waits until the last minute. Then it’s ‘Okay, who didn’t wipe their shoes?’” (Powers, 1998, p. 189)

Though she only makes a brief appearance in this story, Janine is an important figure in Powers’ narrative. She comes into Laura’s home as witness to her community and its long history of disease. By caring for her dying husband and by canvassing her community, Janine has seen the effects of environmental toxins. She also understands the temporal aspects of witnessing; she knows that to suggest that the crisis has suddenly come upon this town and its people is to forget that the time of disease is much longer than the time of any one individual’s illness.

Moreover, she recognizes that the question of what constitutes evidence of environmental illness is complex. The evidence—the traces of toxins in the home—will not be discovered by looking at individual behavior in the present (“who didn’t wipe their shoes?”), but by looking back at a history that has vanished. Only by rehabilitating the long term historically might we recognize the emergency of the long term in the present moment and anticipate a different future. Powers also argued that countering a disease that has possibly come from the outside in cannot mean closing our doors to the community around us. As Bindé demonstrated, we must let others in, in order to make connections beyond ourselves and to move beyond such private acts as remembering to wipe our feet before entering someone’s home.

When Laura next sees her doctor, she “asks point-blank”: “‘Dr. Archer. Can cancer have environmental causes?’” (Powers, 1998, p. 191). He objects to her loose framing of her question, first telling her, smugly, cancer “is not cancer, is not cancer,” and then asking her to define environmental (p. 191). Although this is an awkward moment between doctor and patient, it demonstrates that the experiences of cancer are multiple, as do the other conversations between doctors and patient presented in Gain. The doctor contributes to this as much as Laura does. Or, perhaps it is more accurate to say that Powers reveals in the difference between them that cancer can never be the same thing for Dr. Archer as it is for Laura Bodey. By repeating how cancer is not cancer, is not cancer, the doctor emphasizes that cancer is not one thing, and wants Laura to clarify which particular cancer she is asking about. This seems willfully obtuse or even arrogant of him. After all, what other cancer would a patient with ovarian cancer be asking about? At the same time, Powers hints here that there might be something to gain from thinking about cancer more generally—by compounding our approach to cancer and its causes, rather than simplifying it.

Laura is undaunted by Dr. Archer’s defensive posture, and she continues to press him by clarifying her original question: “Can it come from something you eat or drink? Some kind of exposure?” (Powers, 1998, p. 191). Dr. Archer reaches, “slowly, as if he’s very tired,” for a binder above his desk, which the narrator described as, “clearly the answer file of last resort” (p. 191). He reads to Laura from an NIH consensus paper that noted that the cause of ovarian cancer is unknown, but that some women are at a higher risk for developing the disease. In the consensus Dr. Archer presents, there is no mention of possible environmental causes. Still, Laura pushes him, asking, if there can be outbreaks of ovarian cancer, to which he responds, “[w]e don’t see much if any clustering of ovarian” cases (p. 192). Almost despite himself, however, he does offer some additional information: “Immigrants to this country do show higher incidence rates after living here about twenty years” (p. 192). Still hopeful for something other than the genetic mode of ordering ovarian cancer causation, Laura speculates, “That would sort of suggest an environmental reason, no?” (p. 192). Dr. Archer gestures to the NIH file, as if everything there is to know and say about the experience and event of ovarian cancer is contained in that file (even while it explicitly stated
that there is still much we do not know). We are not privy to Dr. Archer’s reason for bringing up immigrants, but in this figure our understanding of environment gets multiplied across time and space. Movement across space matters, but so does the passing of time, complicating the question of what changes for immigrants between then and now, between that place and this place.

What is problematic about this scene is that scientific knowledge becomes the end of the conversation not the beginning. Dr. Archer uses it to trump other knowledges when he tells Laura, “There is no evidence of ovarian cancer being caused by anything you might read about in the newspaper” (Powers, 1998, p. 192). Her questions about cause are no longer “natural,” they are now an irritant, a waste of time. What is missing from Dr. Archer’s practice of medicine is not simply an empathic relationship with his patient, but an understanding of the different temporalities of disease, illness, and medicine, and an ability to place Laura Bodey’s questions, the newspaper articles about EPA reports of cancer hot spots, and the NIH consensus report in a much longer history of practices of medicine and scientific consensus. To trace this history is to begin to anticipate future practices and other consensuses. In its presentation of multiple modes of ordering ovarian-cancer causation, *Gain* does not simplistically render either the genetic or the environmental mode as the “answer file of last resort.” Powers suggests instead that ovarian cancer is complex and messy. Indeed, the genetic cannot be separated neatly from the environmental. Again, the question remains open as to what changes for immigrants and their families. One thing is certain: we will not find the answer or answers to this causation conundrum by assuming that we already know all we need to know, or do not need to know, about ovarian cancer.

**Making Soap, Making the Cancer-Industrial Complex**

In his attempt to present the temporal complexity of ovarian cancer, Powers juxtaposes the long history of a capitalist enterprise—soap making—with the history of both a particular town where this making happens and the people who do the making.” Laura Bodey’s relatively short personal history gets told along with—indeed, interwoven among—these longer histories. In doing so, Powers demonstrated the constitutive, not incidental, relationship between Laura Bodey’s life and death from cancer, and the much longer histories and larger spaces of capitalism. Just as the time of cancer stretches beyond Laura’s particular illness and medicine’s treatment of it, the spaces of cancer are expanded beyond her body and the medical spaces of her treatment to her home and its connection to the Clare Corporation and the wider world. *Gain* gives form to the “Cancer-Industrial Complex.” It makes links between an industry and an illness, between a form of making and a form of unmaking.

In her much-circulated essay “Welcome to Cancerland” first published in *Harper’s* in 2001, Barbara Ehrenreich defined the “Cancer Industrial Complex” as “the multinational corporate enterprise that with the one hand doles out carcinogens and disease and, with the other, offers expensive, semi-toxic pharmaceutical treatments” (p. 52). Ehrenreich’s piece is a diatribe against what she calls mainstream “breast-cancer culture,” in which women are infantilized and made to believe that the only proper response to a breast cancer diagnosis is for the person with cancer and her loved ones to become consumers of “the cornucopia of pink-ribboned-themed breast-cancer products” (Ehrenreich, 2001, p. 46). More importantly, however, the essay is a general critique of what Ehrenreich (2001) saw as the wholly privatized response to breast cancer, signaled by an emphasis on consumption and “relentless bright-siding,” that is, the ideology of maintaining a positive attitude at all costs as one faces the challenges of breast cancer (p. 49).

What is missing in this normative response, according to Ehrenreich, is anger, and a feminist political analysis that asks why so many women suffer from this disease and why treatments, often more than the disease itself, are the cause of so much suffering. What can we do to prevent cancer in the first place? How can we improve treatments such that they are not more awful to endure than the cancer itself (Ehrenreich, 2001, p. 49)? “In the harshest judgment,” Ehrenreich (2001) asserted, “the breast-cancer cult serves as an accomplice in global poisoning—normalizing cancer,
prettying it up, even presenting it, perversely, as a positive and enviable experience” (p. 53). I do not refer to Ehrenreich’s argument in some detail here because the experience and event of ovarian cancer is the same as the experience and event of breast cancer. “Cancer,” we recall, “is not cancer, is not cancer.” This is so not just biologically but socially and culturally as well. Rather, what is interesting is that Ehrenreich uses the essay form to effectively present the Cancer-Industrial Complex. Likewise, Powers uses the novel form to present an image of the structure of the Cancer-Industrial Complex. Through his genealogy of the Clare family and its soap-making factory, which eventually becomes the Clare Corporation, Powers represents not only the present effects of the Cancer-Industrial Complex, but also its historical emergence. He shows the long history of soap production, from its production in the home to its production in a factory, from soap as household craft to soap as market commodity.

Two charts in Gain help demonstrate this complex visually. The first presents a plan for “chemical recirculation” in the Clare family’s soap-making factory that, we are told, was developed in the late 19th century by James Neeland, who, for his innovations, was placed in “charge of one of the country’s first industrial labs” (Powers, 1998, p. 170). Powers (1998) described chemical recirculation as the dream of the chemist: “turning the refuse from every transmuting process back into the supply path of another” (p. 170). We learn that Neeland has been influenced by developments at alkali factories in England, where chemists rolled a giant hoop around a regenerating hub, a wheel outputting its own inputs, its rim spinning off target substances, each the potential feed for whole new industries, each new industry a feed for the next. Neeland made a chart of the great wheel and hung it upon his laboratory wall, for all his assistants to study. (p. 170)

Neeland’s chart may represent the dream of the chemist, but it doesn’t tell the whole story of the process of soap making, even schematically. Although the chart appears to be a representation of a complete and closed system, in reality

Neeland’s chart failed to include every substance that the process produced. Decades of live experiment upon British alkali towns now showed...[this] process to be cruelly inefficient. For every unit of sulfur that created wealth, two units rained back down upon wealth’s beneficiaries as crippling soot and sulfurous drizzle. (Powers, 1998, p. 172)

What is gained in this “live experiment?” Powers gives us an image of civilization and its underside in the transformation of these British alkali towns. If we look, we can see with our own eyes the smoke in the towns’ air and the black stains on the towns’ architecture. But what of that which we cannot see, the leftovers from the process that seep into the groundwater and enter homes undetected? How will the people of the towns pay for this? How are we to see the transformation of their bodies and genetic material? How do we chart the gains and losses across many generations?

The second chart in Gain that represents the Cancer-Industrial Complex shows the overall structure of operations at Clare Soap and Chemical in 1909. The goods produced by Clare Soap and Chemical are broken down into “personal goods” (including “tonics and salves,” “alcoholic beverages,” “lard and foodstuffs,” and “soaps and candles”) and “industrial goods” (including “bleaches,” “anesthetics and disinfectants,” “agricultural chemicals,” and “process chemicals”) (Powers, 1998, p. 274). Around this time, Clare also began to develop its sales division, which marketed much more than Clare’s products. According to their mantra, Clare offered a “new style of life” (p. 276). In the graphic breakdown of Clare’s organizational structure, we see all the aspects of the cancer-industrial complex that Ehrenreich delineated, the goods that cause cancer and the goods that treat cancer made by the same corporation. The chart also reveals the centrality of the ideology of consumer citizenship: that our most meaningful sense of belonging comes from the essentially private act of consumption of personal goods, rather than from the public act of political participation.

These interconnections are also made in Powers’ narrative. When Laura is getting an infusion of Taxol, Dr. Archer visits her on his
rounds. “Thank God for the home team, huh?” he says. Fuzzy from
the drugs and confused by his comment, Laura can only respond by
repeating “Home...?” Dr. Archer crowls enthusiastically, “The home
team! Our local gravy train.” Laura is still confused, and only begins
to understand when Dr. Archer clarifies for her, in the language of a
good consumer citizen, “Stuff’s brought to you by the same folks who
took the fat out of deep-fat frying.” Finally, what Dr. Archer is getting
at his home; the drug is made at “home.” “Clare makes this?” Laura
ventures, and Dr. Archer explained that it’s slightly more complicated
than that: “No. That would be Bristol-Myers Squibb. NoDoz, Ban, and
a few cancer and AIDS gold mines. But Clare sells them cheap materi-
als” (Powers, 1998, p. 151). Personal goods, industrial goods, and a
new style of life: they’re all on the chart, built into the structure of the
company.

PRACTICES OF WITNESSING OVARIAN CANCER

Gain challenges the notion that the best response to cancer is in the cre-
aation of a “new style of life,” where the cancer survivor always looks
on the bright side of his or her experience. Just as it presents multiple
temporalities and spaces of cancer, Gain also presents multiple prac-
tices of witnessing the disease. In her provocative essay on the repre-
sentation of environmental toxins and the perception of risk in Gain and in
Don Delillo’s White Noise (1986), Ursula Heise (2004) argued that Gain
presents an underlying capitalist system that cannot be changed or even
effectively challenged. “Against the complex system of Clare’s global
body,” she contends, “the local bodies of individuals or small communi-
ties are powerless” (Heise, 2004, p. 376). I disagree with Heise’s pes-
simistic diagnosis of the essential impotence of individual and collective
agency described in Gain, because it fails to consider the multiplicity
of practices of witnessing, as well as the novel’s temporal challenge to
the logic of emergency. If we believe that we must transform the “com-
plex system of Clare’s global body” in the present moment, then we are
bound to fail. By rehabilitating the long term, we see how efforts that
begin now may not produce effects for years to come. Moreover, by
bringing into being an emergency of the long term, we free the imagina-
tions of individuals and small communities to make connections with
others beyond their particular time and place.

I want to conclude by discussing the multiple practices of witnessing
that Gain describes. Powers does not really suggest that one practice of
witnessing is better than another. Instead, his goal is to demonstrate that
the transformation of these global structures will be as complex as their
emergence has been. There are four domains that I want to focus on here:
suffering, the law, radical politics, and science. I have already described
in some detail Laura Bodey’s slow coming to consciousness about the
possibility of an environmental mode of ordering ovarian-cancer caus-
tion, and it should be apparent from that discussion that Laura Bodey
is an essentially passive figure in Powers’ narrative. Her first reaction
to her cancer is to believe it is somehow her own fault, and she is later
reluctant to join a class action against the Clare Corporation that charges
it with releasing toxins into the environment. Several commentators on
Gain, including Heise, noted that Bodey’s name is meant to suggest the
word “body” (Heise, 2004; Scott, 1998; Williams, 1999). Heise also
points out the connections Powers makes between the “incorporated”
company, its legal form of personhood, and Bodey’s corporeality. In an
interview, Powers has explained that “[t]he book is a dialogue between
two individuals: the real individual, the forty-two-year-old woman,
dying of ovarian cancer, and the Clare Corporation, which under the law
of the land is an individual, enjoying due process” (Williams, 1999). It
is clear that these two protagonists are in many ways stereotypically
gendered: Laura as passive female, and the Clare Corporation as active
male. However, I contend that Laura Bodey’s passivity might be read as
a radical form of passivity, in the sense that it represents her willingness
to withstand suffering without also heroicizing the experience of suffer-
ing and her identity as a sufferer. Bodey is not a “bright-sider.” Nor does
she ever become, even for a moment, a cancer survivor. What she does
become is more and more ill, even as she tries to remain engaged in her
children’s lives. Eventually, inevitably, she dies of ovarian cancer. Hers
is not a good or noble death; it is ordinary. Even so, the loss cannot be calculated.

Calculating loss is what the class action attempts to do, albeit crudely. Laura resists Don’s attempts to make her participate in the lawsuit, telling him, “It’s just not something...cancer’s not something that I really want to profit from” (Powers, 1998, p. 285). However, Don argues that this sort of attitude allows the company to profit while “everybody else picks up the tab” (p. 285). For Don, the law can determine who has gained and who has lost, and this possibility of calculating loss and gain in monetary terms is crucial to his mode of ordering the world. In his view, the courts offer a space and practice of witnessing that can account for loss. This is enough for him, though not for Laura. She tells him, “A court is not going to tell me what I need to know” (p. 287).

Heise (2004) saw Don as the one character in the novel who, in his “[i]ndefatigable...search for accurate and comprehensive information,” manages to achieve “some measure of knowledge and success in the struggle with Clare” (pp. 375–376). Although I find Don a compelling character, I read his approach to Laura’s cancer and the possible connection to toxins produced by Clare as just one of several practices of witnessing that are, in combination and over the long term, potentially effective. Don has faith that through his own research practices he can obtain enough knowledge, and that this knowledge can be brought before the law, where justice can be achieved. Is this naïve? Not necessarily. Just as Powers presents Laura’s radical passivity as one practice of witnessing cancer, he also suggests Don’s knowledge gathering and use of the courts as another. We might think of this as a liberal practice of witnessing cancer, and Powers seems to want us to see it as one tactic in a larger nexus of responses.

In *From the Ground Up*, Luke W. Cole and Sheila R. Foster (2000) analyzed the tactics and strategies of the environmental justice movement. They noted that the law is one domain in which environmental justice is often sought, but they argued that it may not be the most effective one. Cole and Foster wrote,

**Tactically, taking environmental problems out of the streets and into the courts has proven, in many instances, to be a mistake. In struggles between private industry and a host community, there are two types of power: the power of money and the power of people. Private industry has the money, while communities have people; this disparity in resources is evident in many environmental justice cases...In court, industry has access to the best lawyers, scientists, and government officials money can buy; to have a chance, a community group must often hire expensive experts. Relying on lawyers, rather than on a community’s own actions, necessarily involves having just one or two people speaking for the community. On the other hand, a community-based political organizing strategy can be broad and participatory and can include all members of the community. (pp. 129–30)**

Along with Janine’s brief visit with Laura Bodey, we get one other glimpse of what might be considered a “community-based political organizing strategy” in *Gain*. As Laura lies dying, she is heavily medicated with morphine, but is still able to watch the news. Powers (1998) told us “she watches the local news, the state news, the international. Trawling. Something still out there, something she mustn’t miss” (p. 342). Powers hinted that what she mustn’t miss isn’t the resolution of the Clare class action, which “drags on” (p. 342). When she does finally catch a glimpse of that something still out there that she mustn’t miss, she thinks she dreams what she sees: “Through the morphine, Laura dreams that her own daughter crashes the local news cameras. Strange fantasy, where kids from the local high school take to the streets. Then Ellen is there at bedside, thrilled, telling her it was real” (Powers, 1998, p. 342). Powers gave us a dream-like image of the potential of radical politics; the “strange fantasy” of the people confronting power might actually become a reality.

In *Gain* we are presented with multiple forms of struggle, multiple practices of witnessing: Laura’s radical passivity, Don’s attempts to become an expert and to use the law, Ellen’s direct-action politics, and finally (and it is the final image in *Gain*), science as a practice of witnessing. The science that Powers has in mind doesn’t yet exist; it is a future science that must
still be imagined. We learn that Laura and Don’s son Tim, the youngest member of the Bodey family, has become a computer scientist, who hooked up with an interdisciplinary research group working on a computing solution to the protein folding problem. They sought to write a program—a whole library, in fact—that would take an amino acid sequence and predict exactly how it would fold up. For if they could find the folded enzyme’s shape, they would know how the molecule behaved. And knowledge of enzyme behavior was the key to a cell’s life and death. (Powers, 1998, p. 355)

The interdisciplinary team sought to create a method “to make anything [a damaged cell called out for]” (p. 355). This “universal chemical assembly plant” will produce cures, and the narrator tells us, “no one needed to name the first cure that would roll off their production line” (p. 355). We are perhaps back to a genetic mode of ordering ovarian-cancer causation, but it is not disconnected from the nonscientific fact of a young boy’s loss of his mother to cancer. While this loss cannot be adequately calculated, Powers suggests it can be witnessed by a science motivated by such loss. Tim invests “his lump-sum buy-off” from the class action into this interdisciplinary scientific enterprise (p. 354). “The sum had been compounding forever, waiting for a chance to revenge its earning. The figure was now huge, a considerable bankroll. And softly, Tim suggested that it might be time for the little group of them to incorporate” (p. 355).

Surprisingly, perhaps, Gain ends with the practice of incorporation, but I read this incorporation not, or not only, in the specific sense of “the document creating or legalizing a corporation,” but more generally, as “the action of incorporating two or more things, or one thing with (in, into...) another.”12 As Powers has shown us, the moment of incorporation—of bringing together multiple stories and practices—is the result of a long history that connects, in this case, a supposedly objective scientific enterprise to one family’s very subjective experience of loss. On the molecular level, we have to find a very specific method to unfold the protein, but this practice will never tell us all we need to know about the experience and event of ovarian cancer. For that, we must compound our interest.

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